

PART Q, DIVISION I AMBULANCE SERVICES	SECTION III PRIOR AUTHORIZATION	ISSUED 03/93	PAGE 1Q3-001
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A. GENERAL REQUIREMENTS

Providers must have prior authorization for certain specified services before delivery of that service, unless the service is an emergency.

Payment is not made if:

- services are provided prior to the grant date on the prior authorization request form;
- services are provided after the expiration date on the prior authorization request form;
- services are provided without prior authorization. The provider is then responsible for the cost of the service.

B. SERVICES REQUIRING PRIOR AUTHORIZATION

Prior authorization is required for:

- nonemergency air and water transportation;

Providers are advised that prior authorization does not guarantee payment. Provider eligibility, recipient eligibility, and medical status on the date of service, as well as all other WMAP requirements must be met prior to payment of the claim.

C. PROCEDURES FOR OBTAINING PRIOR AUTHORIZATION

Section VIII of the WMAP Part A Provider Handbook identifies procedures for obtaining prior authorization including emergency situations, appeal procedures, supporting materials, retroactive authorization, and prior authorization for out-of-state providers.

Request prior authorization for ambulance services by submitting a Prior Authorization Request Form (PA/RF) and a Prior Authorization Physician Attachment (PA/PA). Refer to Appendices 5, 6, 7, and 8 of this handbook for sample prior authorization request forms and completion instructions.

Completed prior authorization request forms must be submitted to:

EDS
Attn: Prior Authorization Unit - Suite 88
6406 Bridge Road
Madison, WI 53784-0088

Prior authorization request forms can be obtained by submitting a written request to:

EDS
Attn: Claim Reorder Department
6406 Bridge Road
Madison, WI 53784-0003

Please specify the form requested and the number of forms desired. Reorder forms are included in the mailing of each request for forms. Do not request forms by telephone.